

AGENCY NAME

VENDOR OR CLAIMANT (Warrant is to be payable to)
Please fill in the payee **Name, Address, City, State and Zip**

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY

(SIGN IN INK)

(TITLE)

(DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)												RECEIVED BY				DATE RECEIVED					
DATE		EXPENSE DESCRIPTION						QUANTITY		UNIT	UNIT PRICE		AMOUNT		FOR AGENCY USE						
Important: Attach All Receipts and Fudnraising Forms																					
PREPARED BY												TELEPHONE NUMBER		DATE		AGENCY APPROVAL				DATE	
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.			REF. DOC. NO.			VENDOR NUMBER			VENDOR MESSAGE			USE TAX		UBI NUMBER			
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEXPROGRAM INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER					
ACCOUNTING APPROVAL FOR PAYMENT										DATE				WARRANT TOTAL			WARRANT NUMBER				